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PTO/SB/519 (05-02)

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**SUPPLEMENTAL DECLARATION
FOR REISSUE
PATENT APPLICATION
TO CORRECT "ERRORS" STATEMENT
(37 CFR 1.175)**

Attorney Docket Number	ADA-119
First Named Inventor	Antonious, A.
	COMPLETE
Application Number	09/545,111
Filing Date	04/06/2000
Art Unit	3711
Examiner Name	Passaniti

We hereby declare that:

Every error in the patent which was corrected in the present reissue application, and which is not covered by the prior oath(s) and/or declaration(s) submitted in this application, arose without any deceptive intention on the part of the applicant.

We hereby declare that all statements made herein of my/our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
Given Name (first and middle (if any))	Family Name or Surname
Anthony J.	Antonious
Inventor's Signature	<i>Anthony J. Antonious</i>
Date	4-22-04
Name of Second Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
Given Name (first and middle (if any))	Family Name or Surname
Inventor's Signature	
Date	
Name of Third Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
Given Name (first and middle (if any))	Family Name or Surname
Inventor's Signature	
Date	
Name of Fourth Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
Given Name (first and middle (if any))	Family Name or Surname
Inventor's Signature	
Date	

Additional inventors or legal representatives(s) are being noted on the _____ supplemental sheet(s) PTO/SB/02A or 02LP attached hereto.

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.0 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Docket Number (Optional)

ADA-119

**REISSUE PATENT APPLICATION
STATEMENT AS TO LOSS OF ORIGINAL PATENT**

I hereby state that:

I am the applicant for a reissue patent based on the original patent identified below.

Name of Inventor(s)/Assignee(s)

Anthony J. Antonious

Patent Number

5,735,752

Title of Invention

Golf Club Shaft and Insert Therefor

Reissue application number (if known)

09/545,111

The ribboned original patent grant is lost or inaccessible.

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Signature

Anthony J. Antonious

Typed or printed name

Anthony J. Antonious

Date

4-22-04

Title (e.g., inventor(s), officer or assignee)

Inventor

This collection of information is required by 37 CFR 1.17b. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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TRANSMITTAL FORM

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Total Number of Pages in This Submission

6

Application Number	09/545,111
Filing Date	04/06/2000
First Named Inventor	Anthony J. Antonious
Art Unit	3711
Examiner Name	Passaniti
Attorney Docket Number	ADA-119

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Suppl. Declaration for Reissue Patent Appl. Reissue Patent Appl. Stmt. as to Loss of Original Patent
Remarks		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Howard N. Flaxman
Signature	
Date	5/10/04

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	
Signature	Date

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